Senior Farmers' Market Nutrition Program Affidavit for Eligibility

*Name:	*B	Birth date:	_//
Mailing Address:			
City:	Zip code:	County	:
Contact Phone Number:()_			
The Senior Farmers' Market Nu vegetables to lower-income seniors status. It also supports local far roadside stands.	s with the goal of im	proving their h	ealth and nutritional
To be eligible for the SFMNP, you n	nust meet <u>all</u> of the f	following:	
2. I am a resident of Alaska* 3. I participate in one of following a. CSFP b. TEFAP c. Alaska Senior Benefit Produced in Supplemental Nutrition A. Supplemental Nutrition A. WIC b. CSFP c. Reduced or Free School OR my income is below 185% By signing this form, you certify the and acknowledge that you have been information.	rogram Assistance Program (formeone who particing of Meals of Federal Poverty at you meet the all the	cates in*: Level* (See curre the eligibility rec ghts and Respo	quirements above ensibilities
*Participant Signature		*/ Date	/
The USDA requires us to report race and ethic does not affect your SFMNP eligibility. Race person's culture. Please answer the two que 1. Do you consider yourself Hispanic/La 2. Please check all that apply: Blace	means the origins of your estions below: atino? Yes	family or ancestors	
In accordance with Federal law and U.S. Dep discriminating on the basis of race, color, nata Director, Office of Civil Rights, 1400 Independ 3272 (voice) or (202) 720-6382 (TTY). USDA	partment of Agriculture politional origin, sex, age or dis dence Avenue, S.W., Was	sability. To file a co shington, D.C. 2025	omplaint, write USDA, 50-9410 or call (800) 795-

* Items marked by * are mandatory